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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

J. FASON
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## **COVER LETTER**

	Sew Filing Sec Division of Co					
SUBJEC"		GORDON L.L.C.				
SOBJEC		Nan	ne of Lin	nited Liabil	ity Company	<u></u>
The enclo	sed Articles of	Organization and	fee(s) arc	submitted	for filing.	
Please ret	arn all correspo	ondence concerning	g this ma	tter to the i	ollowing:	
	MICHELE O	TORDON				
				Name of	Person	
	REALTOR					
				Firm/Co	mpany	
	3720 MARI	ON AVE				
				Addr	ess	
	GENEVA F	L 32732				
	MICHELEGO	ORDON100@GM		•	d Zip Code	
		E-mail address: (to	be used	for future :	nnual report notificat	ion)
For further	information co	ncerning this matte	r, please	eall:		
	MICHELE O	ORDON	40 at (		446-2805	
	Nair	ie of Person			Daytime Telephor	e Number
Enclosed	is a check for t	he following amou	nt:			
□\$125.0¢	0 Filing Fee	□\$130.00 Filin Certificate of St		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		ng Address			Street Address	tatiotas.

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



June 8, 2021

MICHELLE GORDON 3720 MARION AVE GENEVA, FL 32732

SUBJECT: MICHELE GORDON L.L.C.

Ref. Number: W21000083080

We have received your document for MICHELE GORDON L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of the articles is missing. Please resubmit with the second page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

ZELL 23 AM 9: 2

Letter Number: 321A00012492

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AΚ	HCL	t, I - i	Name:	
The	name	of th	e Limitec	Liability :

y Company is:

#### MICHELE GORDON L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address</u> :	Mailing Address:
MICHELE GORDON	3720 MARION AVE GENEVA FL 32732

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature;

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MICHELE GORD	ON	
	Name	
3720 MARION A	VE	
Florida street addr	ress (P.O. Box <u><b>NOT</b></u> ac	eceptable)
GENEVA _	FL	32732
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
•	milition Polym	
M612	Michele Gordon  3720 MARTUN AN GENEVA FI 32732	-,- <del>,-</del> -
	3720 MARION AN	<u>/ E.</u>
	GENEUA 1-6 32/32	
		<del></del>
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(Use attachment if necessary)		
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